2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K50689 **DOCUMENT #**

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State

HAMILTON PRINTING, INC.					01-17-2003 90035 033 ***150.00			
C/O LEONARD A. HAMILTON 779 N.E. DIXIE HWY.		C/O LEONARD PO BOX 1540	Mailing Address C/O LEONARD A. HAMILTON PO BOX 1540 JENSEN BEACH FL 34958) (88 /80/) 88/ 80// 88//8 8//8 1/2// 12//8 19// 8/// 6//	li Bibli tra	II 310 II B YON XOO	
Principal Place of Business 3. Mailing Address				·-				
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.		☐ CHECK HERE IF MAKING	CHANGE	:S	
City & S	tate	City & State		<u></u>	4. FEI Number 65-0098629 Applied For			
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	8.75 A	Not Applicable	
<u>.</u>	6. Name and Address of Current Registered Agent				F	ee Requi	red	
	The state of the s	and the second second	75 - The Control of t	Name *	7. Name and Address of New Registered Ag	jent		
	HAMILTON, LEONARD A.				1			
779 NE DIXIE HWY				Street Address (P.O. Box Number is Not Acceptable)				
JENSEN	BEACH FL 34957							
				City				
The above named entity submits this statement for the purpose of changing its regit the obligations of registered agent.				-	FL	Zip Co		
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature require				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5. 0 Adde	00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	RS IN: 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENSEN BCH FL	□ Del	NAME STREE			☐ Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENSEN BCH FL	□ Del	NAME	TADDRESS	C] Change	Addition	
TITLE	VD	☐ Dele	ete TITLE] Change	☐ Addition	
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CITY-ST-ZIP	779 NE DIXIE HWY JENSEN BCH FL		STREET CITY-S	ADDRESS (
TITLE	STD	☐ Dele				 		
NAME STREET ADDRESS	HAMILTON, NANCY L.		NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	779 NE DIXIE HWY JENSEN BCH FL			ADDRESS				
TITLE	JENSEN BUT FL		CITY-S	T- ZiP				
NAME		☐ Dele				Change	☐ Addition	
STREET ADDRESS			NAME STREET	ADDRESS	•			
CITY-ST-ZIP			CITY-S	1				
TITLE		Delet						
NAME		Deter	NAME	[Change	☐ Addition	
STREET ADDRESS				ADDRESS				

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**